

INFORMATION DISCLOSURE CITATION

ATTY. DOCKET NO.
HA0769 NP
APPLICATION NO.
10/090,288
APPLICANT
YU ET AL.
FILING DATE
MARCH 4, 2002

Group



(See several sheets if necessary)

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
RO	AA	5,559,128	9/24/96	Chakravarty et al.			
RO	AB	5,804,578	9/8/98	Chakravarty et al.			
RO	AC	5,919,777	7/6/99	Hansen et al.			
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
RO	AM	WO 00/15657	3/23/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
RO	AN	WO 02/00654	1/3/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
RO	AO	WO 00/44770	8/3/00	WO			<input type="checkbox"/>	<input checked="" type="checkbox"/>
RO	AP	WO 02/15909	2/28/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
RO	AQ	WO 01/91752	12/6/01	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

RO Desai

DATE CONSIDERED

12/23/04

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLAS S	TRANSLATION	
							YES	NO
R ₀	AA	WO 99/58501	11/18/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
R ₀	AB	WO 00/74679	12/14/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
R ₀	AC	WO 99/64002	12/16/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
R ₀	AD	WO 01/70708	9/27/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
R ₀	AE	WO 02/059107	8/1/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
R ₀	AF	WO 02/059108	8/1/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AG						<input type="checkbox"/>	<input type="checkbox"/>
	AH						<input type="checkbox"/>	<input type="checkbox"/>
	AI						<input type="checkbox"/>	<input type="checkbox"/>
	AJ						<input type="checkbox"/>	<input type="checkbox"/>
	AK						<input type="checkbox"/>	<input type="checkbox"/>
	AL						<input type="checkbox"/>	<input type="checkbox"/>
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>
	AR						<input type="checkbox"/>	<input type="checkbox"/>
	AS						<input type="checkbox"/>	<input type="checkbox"/>
	AT						<input type="checkbox"/>	<input type="checkbox"/>
	AU						<input type="checkbox"/>	<input type="checkbox"/>
	AV						<input type="checkbox"/>	<input type="checkbox"/>
	AW						<input type="checkbox"/>	<input type="checkbox"/>
	AX						<input type="checkbox"/>	<input type="checkbox"/>
	AY						<input type="checkbox"/>	<input type="checkbox"/>
	AZ						<input type="checkbox"/>	<input type="checkbox"/>

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